

Announcement of Funding Availability
HARM REDUCTION



Proposal Guidance and Instructions

AFA Title: Harm Reduction Programs (HRPs)
Targeting Regions: Statewide
AFA Number: 15 – 2020 -SA

West Virginia Department of Health and Human Resources
 Bureau for Public Health
 350 Capitol Street, Room 125
 Charleston, WV 25301-3702

Key Dates:	
Date of Release:	August 8, 2020
Technical Assistance FAQs:	To be posted on Bureau for Public Health website
Application Deadline:	September 30, 2020
Funding Announcement(s) To Be Made:	Details to follow
Funding Amount Available:	\$50,000

**The following are requirements for the submission of proposals to the
 Bureau for Public Health:**

- ✎ Responses must be submitted electronically via email to William Cohen, Office of Epidemiology and Prevention Services Harm Reduction Program Manager, at William.H.Cohen@wv.gov with “Proposal for Funding” in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email.
- ✎ A proposal narrative, workplan, and detailed budget are due by 11:59 pm EST on September 30, 2020. No late proposals will be accepted.

FUNDING AVAILABILITY

As part of the Substance Abuse and Mental Health Services Administration (SAMHSA) “State Opioid Response” grant awarded to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH), the Bureau for Public Health (BPH), Office of Epidemiology and Prevention Services has received funding to support Harm Reduction Programs (HRPs) in the state.

BPH is seeking proposals from grassroots organizations and other community groups interested in implementing HRPs in under-supported areas. Community-based HRPs are an effective component to more comprehensive and integrated harm reduction initiatives for injection drug users, substantially reducing their risk of getting and transmitting diseases like HIV, viral hepatitis, and other bloodborne infections.

In addition, comprehensive services include linkage to family planning, medical care, social services, and Evidence-Based Treatment (EBT), including Medication Assisted Treatment (MAT) are provided in response to Opioid Use Disorders (OUD).

Awardees will be selected based on:

- need and burden within a region
- quality of application
- capacity to successfully operate an HRP
- on-site presence of a defined linkage to treatment (e.g., peer recovery support specialist)
- demonstration of support from first responders and city/county officials and collaborations with community partnerships

Eligibility Requirement:

A local health department or other entity seeking to expand an existing HRP or initiate a new HRP, including HRPs currently funded.

Award Information:

Minimum grant award: \$10,000

Maximum grant award: \$50,000

Minimum number of awards: 1

Funding is contingent on budget being approved and will be awarded based on accepted proposals that meet all the required criteria contained within this document.

STATEWIDE	\$ 50,000
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Section One: Application Scoring

Total Number of Points: 100

Applications will be scored based on the following criteria:

- Proposal Narrative
 - Burden and need within jurisdiction (20 points)
 - Capacity and operations (30 points)
 - Community support and readiness (20 points)
- Quality of application (10 points)
- Applicant’s workplan (20 points)

RESOURCES

- [WV Department of Health and Human Resources, Bureau for Public Health, Harm Reduction Program \(HRP\) Guidelines and Certification Procedures](#)

- [Syringe Services Programs](#) (Centers for Disease Control and Prevention)
- [Consolidated Appropriations Acts, 2016](#)
- [Program Guidance for Implementation of Certain Components of Syringe Services Programs, 2016](#)
- [Syringe Services Program \(HRP\) Development and Implementation Guidelines for State and Local Health Departments](#) (NASTAD and the Urban Coalition for HIV/AIDS Prevention Services)
- [Assessing Local Drug Use](#) (CDC)

PROPOSAL NARRATIVE (70 POINTS)

Burden and Statement of Need within Jurisdiction (20 points) - 5 pages maximum

- Applicants are encouraged to share the rationale for the application in the location specified. This should include data and other objective sources to document the need and scope of the problem including:
 - population the program would serve;
 - concerns of law enforcement and the general public;
 - statistics on HIV infection and/or viral hepatitis among injection drug users;
 - the estimated number of injection drug users in the service area; and
 - the presence or absence of other harm reduction services in the proposed location.
- The applicant should consult with interested stakeholders concerning the establishment of a harm reduction program and provide a summary of support and/or possible barriers. Stakeholders shall include, but need not be limited to, the local health department, local law enforcement agencies, first responders, prosecuting attorneys, substance abuse treatment providers, persons in recovery, nonprofit organizations, hepatitis C and HIV advocacy organizations, and members of the community.
- The applicant should describe its organization's mission and core services, including a list of current or future services provided to injection drug users. Services (offered directly or by referral) may include:
 - Substance use disorder treatment services;
 - HIV or hepatitis screening;
 - Hepatitis A and hepatitis B vaccination;
 - Screening for sexually transmitted infections;
 - Referrals to behavioral health and clinical services;
 - Referrals to Medication Assisted Treatment; and
 - Educational materials on the reduction of risk behaviors.
- The applicant should describe the process for which participants are offered these services (i.e., when, how, how often, tracking method, etc.).
- Proposal reviewers will also use historical overdose death rates, opioid-overdose related Emergency Department visits, hepatitis C rates, and other data to also assess burden and need.

Capacity and Operations (30 points) - 5 pages maximum

- A description of the proposed harm reduction services related to syringe exchange to include:
 - Anticipated number of syringe exchange participants to be served each year;
 - Estimated number of syringes to be dispensed and safely collected each year;
 - Estimated number of participants for which HIV and viral hepatitis prevention education will be provided;
 - Estimated number of participants who will be informed of drug treatment and recovery services; and

- Estimated number of participants who will be linked to MAT via a “warm hand-off.”
- A description of the service delivery model and syringe transaction model(s) to be employed as outlined in the *Bureau for Public Health Harm Reduction Program Guidelines and Certification Procedures* including:
 - Whether the HRP is fixed, mobile, or both;
 - The number of locations at which harm reduction services will be provided;
 - A description of the location(s) harm reduction services will be provided that includes:
 - The full physical address (street number, street name, city and zip code) and county of the fixed or mobile site location(s); and
 - Days and hours of operation.
 - Description of how the community is informed of harm reduction services and availability of this information on the entity’s website; and
 - A description of additional services that will accompany harm reduction, such as overdose prevention supplies, education, and referral to behavioral health services.
- The description of HRP staffing that must include number of staff, titles of positions, and descriptions of duties.
- A syringe dispensing plan that is designed to track the number of new, sterile syringes.
- A syringe collection and sharps waste disposal plan that:
 - Is designed to maximize return of used syringes without increasing risk of needlestick injury to staff, program participants, and general public;
 - Tracks number of syringes returned in a manner that eliminates direct handling of sharps waste by staff or participants and does not interfere with service provision;
 - Includes a provision for collection and disposal of syringes found in the local community, or a method for community members to dispose of syringes themselves in a safe and sanitary manner;
 - Includes a needlestick injury protocol and a plan for ensuring staff and participant familiarity with the protocol;
 - Includes sharps waste disposal education that ensures staff and participants are familiar with state law regulating proper disposal of home-generated sharps waste;
 - Includes a plan and budget for sharps waste disposal, or an explanation if no cost is associated with sharps waste disposal; and
 - Includes a syringe collection plan if syringes are found in public places.
- A service delivery plan that includes:
 - Syringe exchange services for all participants;
 - HIV and viral hepatitis prevention education services for all its participants;
 - The safe recovery and disposal of used syringes and sharps waste from all its participants;
 - HIV or hepatitis screening;
 - Hepatitis A and hepatitis B vaccination;
 - Screening for sexually transmitted infections;
 - Education and supplies for safer sex practices;
 - Education on drug treatment and recovery options;
 - Procedures for linking participants to MAT; and
 - Participant confidentiality protocol.
- A staff training plan that includes:
 - Mandatory staff training on the following topics:
 - Orientation to the applicant’s services and eligibility requirements for the program;

- Overview of harm reduction philosophy and the harm reduction model used by the program;
 - The applicant's approved policies and procedures that cover syringe exchange transactions, handling disposal of infectious waste, needlestick prevention management (for staff and the general public), and actions to remove syringes from public places;
 - Procedures that ensure secure storage, handling and disposal of syringes in accordance with state law and rules;
 - Procedures for making referrals, including primary care, MAT, HIV counseling and testing, prenatal care, tuberculosis and hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services;
 - Risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors;
 - Education and demonstration of safer injection practices, including techniques for disinfecting injection equipment, rotation of injection sites and the use of alcohol pads to disinfect injection sites;
 - Education and demonstration of naloxone administration; and
 - Cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status and employment status.
- A system to be in place to record these mandatory training events including dates, attendance, and trainer information.
- A data collection and program evaluation plan that:
 - Incorporates evaluation data into program design and an electronic system in which data will be collected; and
 - Uses a data reporting method to collect the data elements which includes:
 - The total number of persons served;
 - The total number of syringes and needles dispensed, collected and disposed of;
 - The total numbers and types of referrals made to drug treatment and other services;
 - Total number of participants for which HIV and viral hepatitis prevention education was be provided;
 - Total number of participants who were informed of drug treatment and recovery services;
 - Total number of participants who were screened for HIV/hepatitis B virus/hepatitis C virus;
 - Total number of participants who received hepatitis B virus vaccine; and
 - The total number of participants linked to MAT via a warm hand off.
- A community relations plan that:
 - Educates the community about syringe exchange and broader harm reduction services; and
 - Documents, monitors, and addresses concerns and positive feedback expressed by program participants, community members, neighborhood associations and/or local law enforcement officials.
- A timeline for the implementation of the program and for the development of policies and procedures.

- A budget for the program which includes at a minimum projected income and costs for personnel, outside services, and operating expenses, including such as rent, utilities, equipment, materials including syringes and disposal containers, transportation, insurance, training, meetings, syringe disposal services, and indirect costs.

Community Support and Readiness (20 points) - 5 pages maximum excluding letters of support and memorandums of understanding (MOUs)

For HRP to be successful, there should be engagement from key stakeholders such as public officials, healthcare entities, and the general public.

- Describe community partnerships that may facilitate HRP participation.
- Include any MOUs or relationships with providers who can supply needles or connect patients to your proposed HRP (note: funding cannot be used to purchase needles and syringes).
- Include any letters of support from community partner (at minimum, must include support from first responders and city officials).
- Describe potential outreach strategies to engage HRP participants.
- A signed statement attesting to:
 - The applicant’s compliance with state laws, rules, and local ordinances;
 - The capacity of the applicant to begin harm reduction services within 90 days of certification; and
 - The involvement of the local health department and program participants in HRP design, implementation and evaluation.

QUALITY OF APPLICATION (10 points)

Applications will be reviewed by a panel of staff within the Bureau for Public Health. Points will be awarded based on the criteria provided in this announcement as well as the thoroughness, accuracy, and relevancy of the responses.

WORKPLAN (20 points)

Describe goals, performance objectives and activities to be completed during the funding period. Persons responsible and timelines for completion should be included. A table or Gantt chart is acceptable.

Section Two: **Outcomes**

- In considering whether to approve or disapprove an application, the Bureau for Public Health will consider the applicant’s ability to:
 - Provide a person who injects drugs (PWID) with the information and the means to protect himself or herself, his or her partner, and his or her family from exposure to blood-borne disease through access to education, sterile injection equipment, voluntary testing for blood-borne diseases, and counseling;

- Provide onsite linkage to one of the 3 federally approved Medication Assisted Treatment service options (Buprenorphine, Naltrexone, or Methadone via a Peer Recovery Support Specialist [PRSS] or licensed behavioral clinician);
- Encourage usage of medical care and mental health services as well as social welfare and health promotion;
- Provide safety protocols and classes for the proper handling and disposal of injection materials;
- Plan and implement the clean syringe exchange program with the clear objective of reducing the transmission of blood-borne diseases within a specific geographic area; and
- Develop a timeline for the proposed program and for the development of policies and procedures.
- Upon review of the application and the supporting materials, BPH may:
 - Approve the applicant for funding and certify the applicant as a BPH approved Harm Reduction Program; or
 - Not approve the applicant for funding but certify the applicant as a BPH approved Harm Reduction Program.

Section Three: **BUDGET**

On December 15, 2016, President Barack Obama signed the Consolidated Appropriations Act, 2016 which modified restrictions on the use of federal funds for programs supporting distribution and exchange of syringes and needles.

US Department of Health and Human Services (HHS) funds cannot be used to purchase needles or syringes.

Applicants must provide a detailed breakdown of the budget that outlines how the requested funds will be spent. Based on HHS guidance, federal funds supporting the expansion and implementation of HRPs can be used for, but not limited to, the following:

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for hepatitis C virus and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of biohazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for hepatitis C virus and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission and partner services; hepatitis A virus and hepatitis B virus vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses;
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including Medication Assisted Treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other sexually-transmitted diseases (STDs);
- Communication and outreach activities; and
- Planning and evaluation activities.

For more information on use of federal funds to support HRP, visit: <https://www.hiv.gov/sites/default/files/hhs-HRP-guidance.pdf>. Applicants must provide a detailed breakdown of the budget that outlines how the requested harm reduction funds will be spent based on measurable outcomes. Refer to chart below as an example.

Harm Reduction Expenditure Request	Quarterly Reporting Criteria
Personnel	# of hours worked toward harm reduction services, including special events; list tasks specific to harm reduction
Vaccines	# of hepatitis A vaccines; # of hepatitis B vaccines provided to HRP participants; how data are tracked
Testing	# of hepatitis B and C, HIV, STD, TB tests specific to harm reduction participants; how data are tracked
Educational/Promotional Materials	# of pamphlets/flyers distributed and information provided; other format, information provided, to who/how/when
Community Education	# of meetings; # in attendance; # of promotional materials; other measures (specify)
Data Tracking	Software/system and purpose; outcome measures
Naloxone	# purchased; # returned
Disease Prevention Supplies	# purchased, # distributed - NOT SYRINGES; NOT COOKERS; NOT STERILS machine
Van/Harm Reduction Vehicle	# of miles used for harm reduction; frequency of use; # of participants served; location
Travel	# of miles travelled for harm reduction program; dates and locations; travel purpose
Other	Purpose and measurable outcome

Selected applicants will be expected to provide Quarterly Progress Reports to the Harm Reduction Program Coordinator or designated representative by 11:59 p.m. on the following dates:

*January 15, 2021

*April 15, 2021

*July 15, 2021

Quarterly reports must include a narrative of measurable outcomes based on the applicant’s specific program objectives. Missed deadlines could impact further funding.

The final report will be due no later than October 30, 2021 at 11:59 p.m. This report should be a detailed narrative of the overall harm reduction services which were provided as a result of funding.

Section Four: **Budget Narrative**

Please provide a budget narrative that details the items included in each line item. Budget should be broken down into the following categories:

Budget Category	Amount Requested
Personnel	
Salary and wages	
Fringe benefits	
Other Direct Costs	
Office operations	
Travel	
Meeting expenses	
Project space	
Other	
Purchased Services	
Consultants	
Contracts	
TOTAL	\$0.00

[Provide a detailed budget narrative here]

Category	Narrative
Personnel	Note: You <i>must</i> include base annual salary, full time equivalent (FTE) information and % of salary associated with this project for each person/role for which funds are being requested.
Project Staff	

Category	Narrative
Fringe Benefits	
Other Direct Costs	
Office Operations	
Travel	
Meeting Expenses	
Project Space	
Other	
Purchased Services	
Consultants	
Contracts *	
In-kind Support	

***If contracts are a part of your proposed budget, you *must* complete the chart below for each contract.** Copy and paste the chart below if there are multiple contracts. Enter “TBD” when information is not yet known. If there are no contracts, delete these instructions and chart shown below.

Contract Budget Chart

Contractor Name	
Contract Start Date	
Contract End Date	
Scope of Work	
Deliverables	
Total Cost	
Cost Justification	